

RECEIVED
CENTRAL FAX CENTER**NOV 21 2006****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Inventors: Disckinson, et al Attorney Docket No.: LUX-P017
Serial No.: 10/758,561 Group Art Unit: 2883
Filed: 1/14/2004 Examiner: Healy, Brian
Title: Integrated Photonic-Electronic Circuits and Systems

Petition to Correct Date of Transmission Under 37 C.F.R. 1.8

The Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

I, Dennis Fernandez, declare as follows:

1. I am the managing partner with the firm of Fernandez & Associates LLP, 1047 El Camino Real, Suite 201, Menlo Park, CA 94025.
2. I am registered to practice before the U.S. Patent and Trademark Office and my registration number is 34,160.
3. I am one of the listed patent attorneys for Applicants, as shown in the Power of Attorney submitted when the above-cited Patent Application was filed with the U.S. Patent and Trademark Office.
4. I inform the Office that the payment of issue fee for above-cited patent application was mailed on 9/12/2006.
5. I supply an additional copy of the previously mailed or transmitted correspondence and certificate;
6. I supply a copy of the post office receipt postmarked 9/12/2006.

11/21/2006 14:04 6503251203

FERNANDEZ AND ASSOC

PAGE 12/12

18/11/2026 11:19 05569138891111199966

PHONE PLUS

PAGE 01

Applicant respectfully requests that the Abandonment of this case is withdrawn and that the case proceeds to issue.

Date: 18/11/06

Respectfully submitted,



Dennis S. Fernandez
Reg. No.: 31,160



UNITED STATES PATENT AND TRADEMARK OFFICE

NOV 21 2006

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

NOTICE OF ALLOWANCE AND FEE(S) DUE

7590 06/12/2006

Fernandez & Associates, LLP
PO Box D
Menlo Park, CA 94026-6402

EXAMINER

HEALY, BRIAN

ART UNIT

PAPER NUMBER

2853

DATE MAILED: 06/12/2006

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|---|-------------|------------------------|---------------------|------------------|
| 10/758,561 | 01/14/2004 | Alexander G. Dickinson | LUX-P017 | 5977 |
| TITLE OF INVENTION: INTEGRATED PHOTONIC-ELECTRONIC CIRCUITS AND SYSTEMS | | | | |

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$700 | \$0 | \$700 | 09/12/2006 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. **PROSECUTION ON THE MERITS IS CLOSED.** THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. **THIS STATUTORY PERIOD CANNOT BE EXTENDED.** SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

DOCKETED
DATE JUNE 20, 2006

AM

II. PART B - FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

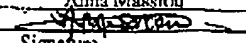
IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

Page 1 of 3

REC'D JUN 19 2006

RECEIVED
CENTRAL FAX CENTER

NOV 21 2006

| | |
|--|--------------------------|
| Certificate of Mailing By "U.S. Certified Mail" Under 37 C.F.R. 1.10(c) | |
| "CERTIFIED MAIL" Mailing Label Number: 7006 0100 0004 5507 6237 | Date of Deposit: 9/12/06 |
| I hereby certify that this paper and/or fee is being deposited with the United States Postal Service "CERTIFIED MAIL POST OFFICE TO ADDRESSEE" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313. | |
| Name: Anna Massiou | 9/12/06 |
| Signature:  | Date |

Docket No.: LUX-P017

ISSUE FEE TRANSMITTAL LETTER

Commissioner of Patents
United States Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313
ATTN: MAIL STOP ISSUE FEE

Sir:

Transmitted herewith is the issue fee for patent application 10/758,561, filed 01/14/2004 of:Inventor(s): **Dickinson, et al**Entitled: **Integrated Photonic-Electronic Circuits and Systems**

Also enclosed are:

- ☒ Part B-Fee(s) Transmittal
- ☒ Change of Correspondence Address Form PTO/SB/122
- ☒ Return Postcard
- ☒ Check # 1677 in the amount of \$700.00 for Small Entity Issue Fee. However, in case Applicant inadvertently miscalculated any required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to Deposit Account No: 500482. A duplicate copy of this authorization is enclosed.

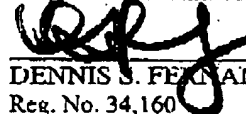
Please direct all correspondence concerning the above-identified application to the following address:

CUSTOMER NO: 22877

FERNANDEZ & ASSOCIATES, LLP
PATENT ATTORNEYS
PO BOX D
MENLO PARK, CA 94025-6204

(650) 325-4999
(650) 325-1203: FAX
EMAIL: iploft@iploft.com

Respectfully submitted,


DENNIS J. FERNANDEZ, ESQ.
Reg. No. 34,1609/12/06
DateDOCKETED
DATE 9/12/06 AM

FERNANDEZ & ASSOCIATES, LLP
PATENT ATTORNEYS
P.O. BOX D
Menlo Park, CA 94026

WELLS FARGO BANK
WOODSIDE, CA 94062
11-42581210

1677

9/12/06

PAY TO THE
ORDER OF

Commissioner for Patents

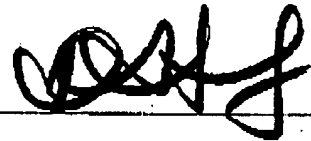
\$ 700.00

SEVEN HUNDRED DOLLARS ONLY

DOLLARS

FOR

LUX-P017



⑈001677⑈ ⑆121042882⑆ 0588836106⑈

THIS DOCUMENT CONTAINS A COLORED BACKGROUND PATTERN. A MICROPRINT IS LOCATED BELOW THIS WARNING MESSAGE.

FERNANDEZ & ASSOCIATES, LLP
PATENT ATTORNEYS

1677

Commissioner for Patents

700.00

LUX-P017

9/12/06

FERNANDEZ & ASSOCIATES, LLP
PATENT ATTORNEYS

1677

Applicants: Dickinson et al
 Application No.: 10/751 61
 Filed: 01/14/2004


Art Unit: 2883
 Examiner: Healy, Bri
 Any Docket: Lux-1017

Title: Integrated Photonic-Electronic Circuit and Systems

When receipt stamp is placed hereon, the USPTO acknowledges the receipt of the following:

- ☒ A Transmittal Letter For Below-Marked Correspondences
☐ Non-Provisional Application: _____ pages, including Title page, Claims and Abstract
☐ _____ sheets of Informal / Formal Drawings
☐ Executed Combined Declaration and Power of Attorney for Patent Application
☐ Form PTO-1082 (w/Duplicate)
☐ Form PTO-1595 (Recordation Cover Sheet for Assignment)
☐ An Assignment of Invention
☐ A Request and Certification Under 35 USC 122(b)(2)(B)(i) NO 18 months publication
☐ An Information Disclosure Statement Transmittal
☐ Form PTO/SB/08A and Form PTO/SB/08B
☐ An Amendment/ Response to An Official Action
☒ A Check # 1667 For Amount \$ 700.00
☒ Application Data Sheet (_____ sheets)
☒ Part B - Fees Transmitted
☒ PTO 154/122

PLEASE STAMP HEREON THE FILING DATE AND RETURN AS SOON AS POSSIBLE

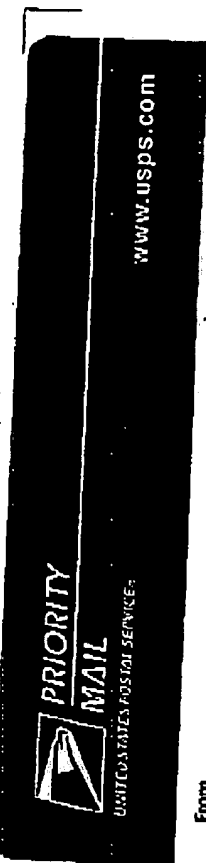
| | | | |
|--|--|---|--|
|  | | U.S. Postal Service CERTIFIED MAIL[®] RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | |
| | | For delivery information visit our website at www.usps.com | |
| OFFICIAL USE | | Postage \$ 4.05 | |
| Certified Fee 2.40 | | Return Receipt Fee (Endorsement Required) 1.85 | |
| Restricted Delivery Fee (Endorsement Required) | | Total Postage & Fees \$ 8.30 | |
| Sent To <u>Commissioner for Patents</u> Street, Apt. No., or PO Box No. <u>P.O. Box 1450</u> City, State, ZIP+4 <u>Alexandria, VA 22313</u> | | PS Form 3800, June 2002 See Reverse for Instructions | |

| | | | |
|--|--|---|--|
| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
| ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 1. Article Addressed to: Commissioner for Patents P.O. BOX 1450 Alexandria, VA 22313-1450 Mail Stop, Issue Fee Lux-1017 | | B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| 2. Article Number (Transfer from service label) 7006 0100 0004 5507 6737 | | 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> O.O.D. | |
| PS Form 3811, February 2004 Domestic Return Receipt | | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |



UNITED STATES POSTAL SERVICE

www.usps.



42/ 1000

FERNANDEZ & ASSOCIATES, LLP
1047 BL CAMINO REAL STE 201
MENLO PARK CA 94025-4344

TO

Commissioner for Patents
P.O. BOX 1450
Alexandria, VA 22113-1450
Mail Stop Issue Fee

LUX-P017

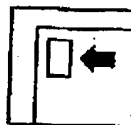
Label 228C September 2002

F05
T

HOW TO USE:



1. COMPLETE ADDRESS AREA
Type or print return address and addressee information in designated area or on label.



2. PAYMENT METHOD

Affix postage or meter stamp to area indicated in upper right hand corner.



3. ATTACH LABEL (Optional)
Remove label backing and affix in designated location.



4. Bring your Priority Mail package to a post office, present it to your letter carrier or call 1-800-222-1811 for pickup. Stamped mail may be deposited in a collection box ONLY if it weighs less than 16 ounces.

We Del.



| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|---|--|---|--|
| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | | <p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| <p>1. Article Addressed to: SEP 15 2006</p> | | <p>B. Received by (Printed Name) C. Date of Delivery</p> | |
| <p>2. Article Number: (Transfer from service label) 7006 0100 0004 5507 6737</p> | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> | | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |

RECEIVED
 Commissioner for Patents
 P.O. BOX 1450
 Alexandria, VA 22313-1450
 Mail Stop Issue Fee
 Lux-1017

PS Form 3811, February 2004 Domestic Return Receipt 100505-02-M-1540

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

| | |
|--|---------|
| Postage | \$ 4.05 |
| Certified Fee | 2.45 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 8.30 |

Sent To: **Commissioner for Patents**
 Street Apt. No. or PO Box No.: **P.O. BOX 1450**
 City, State, ZIP+4: **Alexandria, VA 22313**

PS Form 3800, June 2002

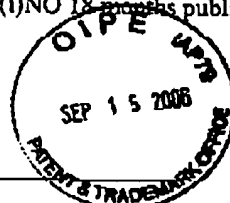
REC'D SEP 21 2006

DOCKETED
DATE 9/21/2006 AM

MAIL STOPApplicants: Dickinson et alArt Unit: 2883Application No.: 10/758,561Examiner: Healy, BrianFiled: 01/14/2004Atty Docket: Lux-1017Title: Integrated Photonic-Electronic Circuits and Systems

When receipt stamp is placed hereon, the USPTO acknowledges the receipt of the following:

- ☒ A Transmittal Letter For Below-Marked Correspondences
- ☐ Non-Provisional Application: pages, including Title page, Claims and Abstract
- ☐ sheets of Informal / Formal Drawings
- ☐ Executed Combined Declaration and Power of Attorney for Patent Application
- ☐ Form PTO-1082 (w/Duplicate)
- ☐ Form PTO-1595 (Recordation Cover Sheet for Assignment)
- ☐ An Assignment of Invention
- ☐ A Request and Certification Under 35 USC 122(b)(2)(B)(i) NO 18 months publication
- ☐ An Information Disclosure Statement Transmittal
- ☐ Form PTO/SB/08A and Form PTO/SB/08B
- ☐ An Amendment/ Response to An Official Action
- ☒ A Check # 1667 For Amount \$ 700.00
- ☐ Application Data Sheet (sheets)
- ☒ Part B - Fee(s) Transmitted
- ☒ PTO/SB/122



PLEASE STAMP HEREON THE FILING DATE AND RETURN AS SOON AS POSSIBLE

REC'D SEP 21 2006

DOCKETED
DATE 9/21/06 PM

RECEIVED
CENTRAL FAX CENTER

NOV 21 2006



FACSIMILE TRANSMITTAL SHEET

| | |
|----------------------------------|--------------------------------------|
| TO: | FROM: |
| U.S. Patent and Trademark Office | Anna Massiou |
| COMPANY: | DATE: |
| | 11/21/2006 |
| FAX NUMBER: | TOTAL NO. OF PAGES, INCLUDING COVER: |
| (571) 273-8300 | 12 |
| PHONE NUMBER: | SENDER'S REFERENCE NUMBER: |
| | LUX-P017 |
| RE: | YOUR REFERENCE NUMBER: |
| Notice of Abandonment | 10/758,561 |

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

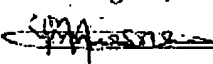
Dear Sir/Madam,

Please find transmitted the following items:

1. Notice of Allowance and Fee(s) Due, mailed 6/12/2006 and due 9/12/2006. (1 page)
2. Copies of Issue Fee Transmittal Letter, PART B-FEE(S) Transmittal and other accompanying materials, mailed 9/12/2006 and including certificates of mailing dated 9/12/06. (6 pages)
3. Certified Mail Receipt postmarked 9/12/2006 and self-addressed return postcard. (2 pages)
4. Petition signed by Attorney of Record, Dennis S. Fernandez. (2 pages)

Applicant respectfully requests that the Abandonment of this case is withdrawn and that the case proceeds to issue.

Kind regards,


Anna Massiou, PhD
Fernandez & Associates, LLP
1047 El Camino Real, Suite 201
Menlo Park, CA 94025
Tel.: (650) 325-4999, ext. 13
Fax: (650) 325-1203

1047 EL CAMINO REAL, SUITE 201, MENLO PARK, CA 94025
TEL.: (650) 325-4999 • FAX: (650) 325-1203 • E-MAIL: JPLOFT@JPLOFT.COM

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or **Fax** (571)-273-2885

RECEIVED
CENTRAL FAX CENTER

NOV 21 2006

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 06/12/2006

Fernandez & Associates, LLP
PO Box D
Menlo Park, CA 94026-6402

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

| | |
|---------------------|--------------------|
| ANNA MASSIOU | (Depositor's name) |
| <i>Anna Massiou</i> | (Signature) |
| 9/12/06 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAME OF INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|------------------------|---------------------|------------------|
| 10/758,561 | 01/14/2004 | Alexander G. Dickinson | LUX-P017 | 5977 |

TITLE OF INVENTION: INTEGRATED PHOTONIC ELECTRONIC CIRCUITS AND SYSTEMS

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|----------------|-----------------|------------------|------------|
| nonprovisional | YES | \$700 | \$0 | \$700 | 09/12/2006 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | |
| HEALY, BRIAN | 2883 | 385 014000 | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 FERNANDEZ & ASSOCIATES

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

LUXTERA, INC

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

CARLSBAD, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☐ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Dennis S. Fernandez

Date

9/12/06

Typed or printed name DENNIS S. FERNANDEZ

Registration No. 34160

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

NOV 21 2006

PTO/SB/122 (04-05)

Approved for use through 07/31/2006. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS
Application**Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

| | |
|------------------------|-------------------|
| Application Number | 10/750,501 |
| Filing Date | 01/14/2004 |
| First Named Inventor | Dickinson, et al. |
| Art Unit | 2663 |
| Examiner Name | Healy, Brian |
| Attorney Docket Number | LUX-P017 |

Please change the Correspondence Address for the above-identified patent application to:

☐ The address associated with
Customer Number:

OR

☒ Firm or
Individual Name Luxtera, Inc.

Address 1819 Aston Avenue, Suite 102

City Carlsbad

State
CA

Zip 92008

Country U.S.A.

Telephone 760-448-3520

Email

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

☐ Applicant/Inventor☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06).☒ Attorney or agent of record. Registration Number 34,160☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number

Signature

Typed or Printed
Name Dennis B. Fernandez

Date 9/12/06

Telephone 650-325-4999

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☒ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☒ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.